

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number		10/574,254-Conf. #9063
Filing Date		March 30, 2006
First Named Inventor		Yin Chen
Title	NUCLEOTIDES FOR PREVENTION AND TREATMENT OF BACTERIAL AND FUNGAL PATHOLOGIES	
Art Unit	1645	
Examiner Name	N. M. Minnifield	
Attorney Docket No.	17242/003004	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 64035

OR

☐ Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE OF Applicant or Assignee of Record

Signature *	<i>[Signature]</i>	Date	11/18/08
Name	LEX POWERS	Telephone	713-889-0070
Title and Company	President & CEO, CytoGenix, Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.